CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

OCT -5 PM 2:18
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:

1. The assumed business name which the undersigned use(s) in the transaction of business is:
   NATIONAL TRACERS Foundation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
BONNIE C. THOMAS	E. 3100 2nd AVE #6
	Post Falls, Idaho
	83854

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

- [ ] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Agriculture
- [ ] Construction
- [ ] Transportation and Public Utilities
- [x] Finance, Insurance, and Real Estate
- [ ] Mining

4. The name and address to which future correspondence should be addressed:
   BONNIE C. THOMAS
   E. 3100 2nd AVE #6
   Post Falls, Id. 83854

   Phone number (optional): _____

5. Name and address for this acknowledgment copy is (if other than # 4 above):
   NATIONAL TRACERS Foundation
   SAME AS ABOVE #4

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Bonnie C. Thomas
Printed Name: BONNIE C. THOMAS
Capacity: MANAGER
(see instruction # 8 on back of form)

Revision 1/98
g:\corp\forms\abn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE
10/05/1998 09:00
CK: 68278541657 CT: 184943 BH: 151899
1 @ 20.00 = 20.00 ASSUM NAME # 2

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